



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
WASHINGTON, D C 20372-5120

IN REPLY REFER TO

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BUMED INSTRUCTION 6300.11

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: THE PRACTICE OF OSTEOPATHIC MANIPULATIVE MEDICINE (OMM) BY
QUALIFIED OSTEOPATHIC PHYSICIANS

1. Purpose. To publish the policy allowing qualified osteopathic physicians to prescribe and practice osteopathic manipulative medicine or treatment (OMM or OMT).

2. Background

a. Over 1,500 osteopathic physicians are serving with distinction in the military including multiple senior officers and flag officers. Osteopathic physicians are qualified to independently prescribe and use OMM after successfully graduating medical school, internship, and being granted licensure in a State, territory, or district.

b. On 7 March 1990, the American Osteopathic Association established a board certification process for physicians desiring to specialize in OMM. Although osteopathic physicians who are qualified to practice OMM are free to do so, this procedure exists to formally recognize specially experienced practitioners. The unique special proficiency certification in OMM does not imply the need to privilege the use of more dangerous techniques, but rather the formal recognition of additional experience in diagnosis and application of the same techniques that can be used safely by any qualified osteopathic physician.

c. The American Osteopathic Association is the focal point of contact for physicians desiring further information on joint Medical Doctor or Doctor of Osteopathy (MD or DO) continuing medical education courses, recommended reading, journals, and conferences of benefit to all members of the health care team.

d. Commanding officers have always been authorized to allocate temporary additional duty funds to sponsor delegates to represent the interests of the Navy at national professional organizations.



3. Information

a. Indications for the use of OMM are those which informed physicians believe would benefit a patient. Indications include, but are not limited to, somatic dysfunction, neck pain, low back pain, chronic pain syndromes, ligamentous strain, postural imbalance, muscular spasm, osseous reduction, and other conditions reasonable to expect the patient would benefit from by the experienced use of OMM in the short- or long-term. The use of OMM is not meant to exclude the need for acute or chronic medical or surgical care. Rather, OMM is an additional modality in the armamentarium of a qualified osteopathic physician's diagnostic and therapeutic approach to patient care.

b. There are few contraindications for the use of the main osteopathic techniques of high velocity low amplitude, (HVLA), cranial-sacral, muscle energy, counterstrain, or fascial release techniques. A sample set of contraindications for the use of OMM mainly with respect to HVLA thrusting technique include:

- (1) Acute fractures (not including reductions).
- (2) Severe systemic, bone or joint disease (severe diabetes, anticoagulation, malignancy, osteoporosis, degenerative joint disease).
- (3) Manipulation of documented vascular insufficiency, aneurysm or pregnancy with known threat of miscarriage.
- (4) Forceful manipulation of a joint with excessive range of motion, deformity, or fusion.

c. If the need for medical or surgical referral is in question, then a consult to the appropriate service should be performed. This is routinely done by allopathic and osteopathic physicians as part of any workup. Consultation requests for the use of OMM should include evidence of a previous considered differential diagnosis and appropriate supportive workup. This can include stating the relevant past medical, surgical, and family history, previous injuries or fractures, lab and x-ray results, physical exam, provisional diagnosis, medications tried, and results of any other consultations to rule out underlying disease. Referring the patient, for example, without records or x-rays wastes valuable time which could be spent treating the patient.

d. Osteopathic and allopathic physicians routinely review each others charts. In keeping with this practice, routine chart reviews will continue to suffice regarding the use of OMM. With

regard to the manipulative aspects of OMM, the general guidelines exist as above. Documentation of OMM should include the standard format of subjective, objective, assessment, and plan (SOAP) sections on the chart. Proper osteopathic terminology is preferred in describing objective findings. A full glossary of such terms is available in the yearbook of the American Osteopathic Association. A routine chart reviewer need not be conversant with these terms to indicate that an appropriate SOAP format was used by a colleague.

4. Action

a. All commanders, commanding officers, and officers in charge are directed to permit the use of OMM.

b. The Osteopathic Manipulative Medicine Specialty Advisor is available for advice regarding the process of facilitating OMM.

c. All qualified and fully credentialed osteopathic physicians, and allopathic physicians with comparable training, need not request core or supplemental privileges to prescribe and practice OMM. This privilege is similar to procedure already in existence which allows physicians to prescribe and use routine pharmaceuticals.

d. All commanders, commanding officers, and officers in charge are authorized to allocate temporary additional duty funds to sponsor delegates selected by the Association of Military Osteopathic Physicians and Surgeons (AMOPS) to represent the interests of Navy osteopathic physicians at the American Osteopathic Association Annual House of Delegates Meeting.



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